

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 4, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99080, 97032, 97012, and 64550 for dates of service 09/03/02 through 09/05/02.

II. RATIONALE

The EOB submitted by the requestor deny the disputed dates of service as “N – Not Appropriately Documented”.

- CPT Code 64550 for dates of service 09/03/02 through 09/05/02. Per §401.011(19) and CPT descriptor submitted treatment notes support documentation criteria. Reimbursement in the amount of \$183.00 is recommended. (\$61.00 x 3)
- CPT Code 97032 for date of service 09/03/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(iii) and CPT descriptor submitted treatment notes document 23 minutes of electrical stimulation. Per the CPT descriptor MAR\$ is \$22.00 for each 15 minutes. Reimbursement in the amount of \$22.00 is recommended.
- CPT Code 97012 for date of service 09/03/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) and CPT descriptor submitted treatment notes do not support delivery of service. Manual traction is not one of the modalities documented in the treatment notes. Reimbursement is not recommended.
- CPT Code 99080 for date of service 09/03/02. Per §129.5(b) the doctor shall file a Work Status Report in the form and manner prescribed by the Commission. Requestor did not include a copy of the TWCC-73 with the dispute; therefore, reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99080, 97032, 97012, and 64550 in the amount of \$205.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$205.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19th day of February 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf